

BR24: THE MARY CAROL AKERS BIRTH CENTERS ACT

Primary Sponsor: Representative Jason Nemes

BR24 exempts freestanding alternative birth centers from the certificate of need requirement and establishes modern accreditation standards for licensure.



Kentucky Birth
COALITION



KENTUCKY AFFILIATE of the
AMERICAN COLLEGE
of NURSE-MIDWIVES
With women, for a lifetime®



Kentucky Association
of Nurse Practitioners
& Nurse-Midwives

About Freestanding Birth Centers (FSBC)¹

- A small home-like health care facility, separate from a hospital, for childbirth using a midwifery and wellness model.
- Support for pregnancy and birth as a natural physiological process, “normal until proven otherwise.”
- Staffed by licensed, qualified staff who care for healthy women with healthy pregnancies.
- Equipped to provide routine care and initiate emergency procedures.
- Integrated into the healthcare system, works with qualified obstetric/pediatric consultants, and has a relationship with a hospital that provides acute OB/GYN care.
- FSBCs are not a new concept for KY and are mentioned throughout KRS and KAR

HB268 Supported By:

- Frontier Nursing University
- KY Affiliate of American College of Nurse-Midwives
- Kentucky Association of Nurse Practitioners & Nurse-Midwives
- Kentucky Chapter of National Association of Certified Professional Midwives
- Kentucky Birth Coalition
- American Association of Birth Centers

Why Kentucky Needs Freestanding Birth Centers

- **Consumers want freestanding birth centers!** Families travel out of state to utilize FSBCs in Indiana, West Virginia, and Tennessee. Kentucky is one of only 8 states with no FSBCs.
- Freestanding birth centers achieve better outcomes than hospitals on quality measures such as cesarean rate for low-risk women, elective delivery prior to 39 weeks, and breastfeeding.^{2, 8}
- Birth centers use fewer medical interventions, which saves health dollars and reduces the risk of complications.
- One large study showed that more than 9 out of 10 women (94%) who entered labor planning a birth center birth achieved a vaginal birth. This means that the C-section rate for women in birth centers is more than 4 times lower than what is seen among low-risk women in Kentucky^{3,4}.
- Substantial savings for Medicaid! The Strong Start for Newborns and Mothers program shows a savings of about \$2,000 per birth at birth centers.²
- Kentucky scored a D- on the 2019 March of Dimes Report Card⁵. Removing barriers for FSBCs associated with the CON process would increase access to a high-quality model of maternity care.
- Mounting evidence shows that CONs do not do what they were intended for: cost-savings and improved distribution/availability of health care options.⁶

Different From Hospitals

- Birth centers are NOT hospitals and do not compete with hospitals. They provide different types of care to different groups of people. While a few KY hospitals offer midwifery care, this is the exclusive model in FSBCs.
- Hospitals are prepared to care for those requiring medical interventions. Eighty-five percent of pregnancies are low risk and do not need expensive medical interventions. The risk of medical interventions for women who do not need them is increased in a hospital.
- Freestanding birth centers are small (usually 2-4 beds) and essentially outpatient in nature. Most people giving birth spend less than twenty-four hours at the center. Kentucky already excludes several other outpatient services from the CON requirement per changes made by 2018’s House Bill 444.
- With respect to prenatal and postpartum services, FSBCs function more like a physician’s or midwife’s office than a health care facility.
- As small businesses, FSBCs attempts for a CON can be blocked by hospitals with claims of providing the same services. This happened as recently as 2017 when, after multiple appeals, a certified nurse-midwife exhausted her finances and left Kentucky.⁷

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- ¹ American Association of Birth Centers. What is a birth center? https://www.birthcenters.org/page/bce_what_is_a_bc
- ² American Association of Birth Centers. National Birth Center II Study. <https://www.birthcenters.org/page/NBCSII>
- ³ American Association of Birth Centers. National Birth Center II Study. <https://www.birthcenters.org/page/NBCSII>
- ⁴ Ceseareanrates.org. NTSV Cesarean Birth Rate Dashboard: Kentucky. <https://www.cesareanrates.org/kentucky>
- ⁵ 2019 March of Dimes Report Card. March of Dimes. <https://www.marchofdimes.org/mission/reportcard.aspx>
- ⁶ Stratmann, T and Russ, J+. Do Certificate-of-Need Laws Increase Indigent Care? (07/15/2014). MERCATUS WORKING PAPER. Available at SSRN: <https://ssrn.com/abstract=3211637>
- ⁷ Issues Regarding Kentucky's Certificate of Need Process.
Summary of Birth Center Certificate of Need Case and Current Status. December 2018.
- ⁸ Rooks, J.P., Weatherby, N.L., Ernst, E.K., Stapleton, S., Rosen, D., & Rosenfield, A. (1989). Outcomes of care in birth centers. The national birth center study. *New England Journal of Medicine*, 321(26), 1804-11. <https://www.ncbi.nlm.nih.gov/pubmed/2687692>